



BOARD OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
INFORMATION: (916) 323-9020 FAX (916) 445-7005
www.barbercosmo.ca.gov



WRITTEN RE-EXAMINATION APPLICATION INSTRUCTIONS

Use the following checklist to make sure you send all necessary documents to the Board.

- ☐ Completed and signed *Application for Re-Examination*. Read the instructions and make sure all questions are answered and that you sign and date the application.
- ☐ Appropriate fee. See the list of Exam Categories and Fees on the front of the application. This will show the fee for each exam. A separate application is necessary for each examination you wish to take. Include a check or money order made payable to the Board of Barbering and Cosmetology. **Do not send cash.**
- ☐ If you answered "YES" to question #3 on the application please provide the required information for each conviction.
- ☐ If you requested the use of an interpreter or interpreter/model, you must complete Forms G and H and include two **identical** 1 1/2" x 1 1/2" signed photographs of the interpreter or interpreter/model.

The following instructions will help ensure that your application packet is correct and complete. They will also give you the information you need to know before appearing for your examination.

FILE NUMBER: Your file number is printed on all Board correspondence, including the admission letter for your prior examination. Including this number on your application for re-examination will allow the Board to process your application more quickly.

SOCIAL SECURITY NUMBER: Fill in your social security number. *Disclosure of your social security number is mandatory.*

Section 30 of the Business and Professions Code and Public Law 94-455 [42 USCA Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

EXAM CATEGORIES AND FEES: Check the box corresponding to the appropriate examination and include a check or money order payable to the Board of Barbering and Cosmetology for the fee.

APPLICANT'S NAME: Fill in your first, middle, and last name (legal name only) as you want them to appear on your license. The name on your application **MUST** match the name on your government issued photographic identification, or you will not be admitted to sit for the examination.

EXAM FACILITY PREFERENCE (PRACTICAL APPLICANTS ONLY): Indicate whether you wish to take the practical portion of your examination at the Board's Los Angeles or Fairfield examination facility.

MAILING ADDRESS: Please indicate if your address has changed since your last application for examination.

NAME CHANGE: If your name has changed since your last application for examination, you will need to send a Request for Change of Name form along with photocopies of a current U.S. Government issued photographic identification (i.e., drivers license, military identification card, U.S. Immigration and Naturalization card, etc.) AND a copy of your Social Security Card AND a legal documentation of your name change (such as a marriage certificate, divorce decree, etc.) to the Board before you will be permitted to sit for the examination.

CRIMINAL CONVICTIONS: If you have been convicted of a criminal offense or entered a plea of nolo contendere (no contest), for a criminal offense, felony, or misdemeanor, other than for a minor traffic violation, you must provide the following information for each conviction: crime, date of conviction, city, county, and state in which convicted, and the sentence received for each conviction.

USE OF AN INTERPRETER: Indicate if you will be using an interpreter and include your native language. Each applicant must have prior written authorization from the Board to use an interpreter during the examination. To obtain authorization, the applicant must complete Form G (*Request for Use of an Interpreter or Interpreter/Model*). The interpreter must complete Form H (*Authorization to Use an Interpreter, Interpreter/Model*) and provide two identical 1 1/2" x 1 1/2", signed on the back by the interpreter. The Form H and the two identical photographs must be returned to the applicant to file with the application for re-examination. **THE APPLICANT CANNOT CHANGE INTERPRETERS UNLESS NEW FORMS (G & H) AND PHOTOGRAPHS ARE RECEIVED AND APPROVED BY THE BOARD** at least 15 DAYS PRIOR TO THE APPLICANT'S SCHEDULED EXAMINATION DATE. Please refer to #10 on side 2 of "Instructions for Requesting an Interpreter or Interpreter/Model" (Form 03B-125), to see if you meet the qualifications for use of an interpreter.

NOTE: You MAY NOT be authorized to use an interpreter if any of the following apply to you:

- If you are taking the *cosmetology* examination and your native language is *Spanish*, you CANNOT use an interpreter since the examination is available in Spanish.
- If you are taking the *manicurist* examination and your native language is *Vietnamese* you CANNOT use an interpreter since the entire examination is available in Vietnamese. If your native language is *Spanish* you MAY use an interpreter for the written manicurist examination.

APPLICANTS WITH DISABILITIES: The Board provides reasonable accommodations for applicants with disabilities that may affect their ability to take the required licensing examination. Applicants needing special accommodations should contact the Board by telephone, or in writing, to obtain a "*Special Accommodation Request for Examination*" form. This form must be completed by a medical professional and returned to the Board for evaluation. The "*Special Accommodation Request for Examination*" form and any necessary medical documentation must be completed and returned to the Board for approval before an examination date can be scheduled. Forms G & H may be required if the "Reasonable Accommodation" you are requesting includes the use of a reader or signer.

LANGUAGE PREFERENCE (WRITTEN EXAMINATION APPLICANTS ONLY): Use this area to indicate if you would like to take the written cosmetology exam in Spanish or the written manicurist examination in Vietnamese.

ALL APPLICANTS SIGN AND DATE your application (or it will be returned to you). The Board may deny your license if you provide false information on the application.



BOARD OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
INFORMATION: (916) 323-9020 FAX (916) 445-7005
www.barbercosmo.ca.gov



WRITTEN RE-EXAMINATION APPLICATION

*** MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS**

Disclosure of your U.S. (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your (SSN). Your (SSN) will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your (SSN) your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Examination Categories and Fees (Check only one box)

- ☐ Barber - \$50
 ☐ Cosmetologist - \$50
 ☐ Electrologist - \$50
 ☐ Esthetician - \$40
☐ Manicurist - \$35
 ☐ Barber Instructor - \$50
 ☐ Cosmetology Instructor - \$50

Name First Middle Last

*** SOCIAL SECURITY NUMBER:** _____

File Number: _____

1. Has your address changed since your last examination application?

☐ Yes ☐ No

If YES, please indicate new address: _____

2. Has your name changed since your last examination application?

☐ Yes ☐ No

If YES, you will need to send in a request for name change with supporting documentation
 (See Instructions)

3. Have you been convicted of a criminal offense?

☐ Yes ☐ No

If YES, you will need to provide the information described in the Instructions.

4. Do you need an interpreter for this examination? (If YES, provide the information described in the Instructions)

☐ Yes ☐ No

If YES, indicate your native language _____

5. Language preference (Check one)

☐ English
 ☐ Spanish (Cosmetology only)
 ☐ Vietnamese (Manicuring only)

6. Do you require special accommodations for this examination?

☐ Yes ☐ No

If YES, you will need to provide a "Special Accommodation Need for Examination" form
 (See Instructions)

"I declare under penalty of perjury, under the laws of the State of California, that all information contained on this application for licensure and any accompanying documents is true and correct, with full knowledge that all statements made on this form are subject to investigation, and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF LICENSE."

Signature of Applicant

Date

PHOTOGRAPHIC IDENTIFICATION REQUIRED FOR ADMITTANCE TO EXAMINATION FACILITY:

For purposes of identification at the examination facilities, all applicants, models, interpreters, and interpreter/models must present a current and valid government-issued photographic identification card upon entering the examination facility. Government issued photographic identification cards that may be used include, but are not limited to:

- 1) Driver's License - any state or country
- 2) State Identification - any state
- 3) Military Identification
- 4) Valid Passport - any country
- 5) United States Immigration and Naturalization Issued Identification
- 6) Certificate of United States Citizenship

Please note that the identification card must be current and valid and the photograph must be recognizable as the person to whom the identification card was issued.

The information on this application is maintained by the Board of Barbering and Cosmetology, P.O. Box 944226, Sacramento, CA 94244-2260, under the authority granted by the Barbering and Cosmetology Act, Business and Professions Code, Division 3, Chapter 10.

It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete.

Your completed application becomes the property of the Board of Barbering and Cosmetology and will be used by authorized personnel to determine your eligibility for the examination for which you are applying. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review your Board-maintained records, unless the records are otherwise exempt from disclosure.